

# LOCATE DATA SHEET

Petitioner

☐ IV-D Non Public Assistance

☐ IV-D Non PA Medicaid

☐ Full Services

Respondent

☐ Medical Services Only

☐ IV-D Public Assistance

☐ IV-E Foster Care (IV-D Case)

☐ Non-IV-D

File Stamp

To: (Agency Name and Address)

Responding FIPS Code \_\_\_\_\_ State \_\_\_\_\_

Responding IV-D Case No. \_\_\_\_\_

Responding Docket No. \_\_\_\_\_

From: (Contact Person, Agency, Address, Phone, Fax, Internet)

Initiating FIPS Code \_\_\_\_\_ State \_\_\_\_\_

Initiating IV-D Case No. \_\_\_\_\_

Initiating Docket No. \_\_\_\_\_

Initiating Jurisdiction ☐ URESA ☐ UIFSA

☐ Non Custodial Parent Information

☐ Custodial Parent Information

☐ Possibly Dangerous

Full Name (First, Mid, Last)

Social Security Number(s)

☐ Alias ☐ Maiden Name ☐ Mother's Maiden or Father's Name

Current Spouse's Name (Fst, M, Lst)

Date of Birth (or approximate year)

Place of Birth (City, State, County)

Driver's License Number/State

Sex

Race

Hair

Eyes

Height

Weight

Distinguishing Marks, Scars, Tatoos, Glasses, Etc.

Last Known Address - ☐ Residence ☐ Mailing

☐ Confirmed  
Date \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_

Usual Occupation/Professional Licenses

Last Known Employer (Name, Full Address, Federal EIN)

☐ Confirmed  
Date \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_

Other Information, Including Assets, Education, Police Record, Public Assistance History

Employment

Wage Qtr \_\_\_\_\_

Wage Year \_\_\_\_\_

Attachments: ☐ Photograph ☐ Other Items, e.g. Fingerprints

Wage Amount \_\_\_\_\_

Date

Initiating Contact Person (Print or Type)

(\_\_\_\_\_) \_\_\_\_\_  
Telephone Number and Extension

(\_\_\_\_\_) \_\_\_\_\_  
Fax Number